
General Information

Projects are not guaranteed continuation funding. One application is required for each program and should describe the suggested activities and capabilities of the organization as they relate to each program.

Emergency Shelter Grants (ESG)	\$	98,335
(Includes entitlement grant of \$98,000 and reprogrammed funds of \$335)		
Emergency Shelter and/or Transitional Housing	\$	63,935
City of Miami Beach Homeless Programs		29,500
Planning and Administration		4,900
Total	\$	98,335

Eligibility of Activities

Before preparing a request for funding, determine whether the proposed activity or project is an eligible activity. In the case of this RFP, Emergency Shelter Grants (ESG) funds shall **only** be used for activities as described in 24 CFR 576.21 (a)(1) and 576.21(a)(3). The ESG regulations are located in Appendix 1 **To ensure a complete review for eligibility, it is essential that the proposal describe all information accurately and completely as detailed in the Instructions.**

OTHER REQUIREMENTS

MATCHING DOLLARS REQUIREMENT

The proposed activity or project must demonstrate how the required dollar-for-dollar match of the ESG grant request will be made. Eligible sources for the match component may include salaries; fair market value of donated material or building; fair market value of a building lease; and volunteer hours. If you designate the source of a match, you must be able to demonstrate in your operating budget how these dollars are budgeted as expenditures.

PRIORITY PLACEMENT

The proposed activity or project must demonstrate how priority placement of Miami Beach homeless individuals and families will be achieved. Outline your organization's plan for priority placement of Miami Beach's homeless population at your facility, and detail resources available to transport homeless individuals to the facility for intake and placement.

ADMINISTRATIVE CAPACITY AND EXPERIENCE

The applicant's administrative capacity, experience and professional training will be evaluated when reviewing the proposal. If the proposed project meets all eligibility requirements and can be expected to substantially satisfy program goals and criteria, proceed to the Instructions.

Application Deadline Date
Monday, March 3, 2003, 5:00 P.M.
Note: Late applications will not be accepted.

AVAILABILITY OF OTHER FUNDS

Applicants are encouraged to apply to other sources for funds. Two such sources are the HOME Investment Partnerships (HOME) Program, and the Community Development Block Grant (CDBG) Program, administered by the City of Miami Beach Housing and Community Development Division. Only capital costs are eligible for HOME funding. Supportive Services in support of emergency or transitional housing provided under this RFP will qualify under the Community Development Block Grant Program (under the Public Services category of funding.) The following are examples of supportive services: job readiness and job placement referrals; vocational skills and independent skills courses; substance abuse counseling and meetings; case management services; parenting support groups; supportive services related to transitional housing; and food vouchers.

CONTINUUM OF CARE FOR MIAMI BEACH HOMELESS

Homeless assistance programs in Miami Beach are part of the countywide Continuum of Care system implemented by the Miami-Dade County Homeless Trust. It is the intent of the City of Miami Beach to build on the existing Continuum of Care network to address the needs of homeless individuals and families in Miami Beach. To that end, the City is looking for applicants to provide a full range of comprehensive services addressing the diverse needs of homeless individuals and assist in preparing them for permanent housing. The proposed funding is intended to fill or meet existing needs in the community.

GUIDELINES FOR APPLICATIONS

Funds will be allocated to homeless providers to provide emergency shelter and/or transitional housing to the Miami Beach homeless community. The following guidelines should be used in the design of the programs under this Request for Proposals.

- Length of Stay - Emergency Shelter Programs should provide immediate short-term (from seven (7) to thirty (30) days) housing and basic support services. Transitional Housing Programs can provide from six (6) to nine (9) months of stay. An extension must be available to be granted up to twelve (12) months, depending on whether a secondary placement has been secured.
- Placement of Participants - During the emergency shelter period, the provider must actively assist in the placement of participants into a transitional housing program, if appropriate. During the transitional housing period, the provider must actively assist in the placement of participants in permanent supportive housing or other long-term housing to secure the placement of the participant after the end of the transitional housing program.
- Population to be Served - Males and/or females. Families with child custody or pending child custody from social services.
- Admission Criteria - Homeless or near homeless men and/or women; homeless or near homeless families with legal custody of children or pending legal custody of children from social services.
- Reporting Requirements - Programs must have the ability to prepare weekly progress reports, which shall detail services and referrals to providers/case managers by client. Programs must also have the ability to provide daily bed availability reports. These reports must evidence the program's active involvement in placement of homeless individuals and/or families into the continuum of care.

- Referral Source - City of Miami Beach Neighborhood Services Department, or its designee.
- Client Agreement and forms - Clients are required to sign and understand the program rules and regulations upon admission programs; Clients are to sign consent and release of information forms.
- Information System - Funded organizations must agree to participate in the City of Miami Beach information tracking system currently in development.
- The City reserves the right to reject any and all proposals for any reason, or for no reason, without any resultant liability to the City. In its sole discretion, the City may withdraw the RFP either before or after reviewing applications, may accept or reject applications, and may accept applications which deviate from the RFP as it deems appropriate and in its best interest. In its sole discretion, the City may determine the qualifications and acceptability of any party or parties submitting applications in response to this RFP.

Other Application Factors

Applicants are encouraged to develop a program that has a substantial and comprehensive effect on the needs and conditions identified in their application. The following factors should be addressed in your overall project description as they may be used to judge the overall feasibility of the proposal:

1. Is the proposed activity designed to supplement rather than duplicate any planned or existing activity? Are there other publicly or privately funded activities planned or underway that would duplicate the proposed activity?
2. Does the applicant have experience providing emergency/transitional housing or services?
3. Is the organization a Miami Beach provider, or a program located within the City of Miami Beach? Or, does the organization have a well-developed plan to provide priority placement and outreach into the City of Miami Beach?
4. Will the proposed activity require additional funding to fully correct the conditions and meet the needs that exist? Has the additional funding been included in the budget? Are there other financial resources available, beyond those included in this RFP that could be used to fund your proposed activity?
5. Is the proposed activity economically feasible and can it be implemented in a timely, cost-effective manner within the proposed program year?
6. Will the proposed activity or program result in any involuntary displacement of individuals or is displacement a minimal part of the project?
7. Does the proposed project or activity take into consideration the collaboration of resources with other public and/or private development efforts to be more effective and efficient?
8. Is the proposed activity or project designed to produce substantial improvements within the program year that will have long-term effects?

Proposal Review and Planning Phase of the One-Year Action Plan

Once submitted, no proposal may be amended, unless the amendment has been requested or permitted by the City. The City, at its sole discretion, reserves the right to contact an applicant if additional technical information is required. A workshop for applicants will be held to discuss the preparation of an application on February 4, 2003. As a courtesy to applicants, staff will review applications received prior to February 21, 2003 for constructive feedback.

The City will evaluate proposals in a two-phase process. The first phase will involve a review of the proposals by the staff of the Housing and Community Development Division for conformance to the submission requirements and a determination of whether the proposals meet the minimum criteria established in this RFP. Each proposal will be reviewed for program eligibility under the regulations of the Emergency Shelter Grants Program, and feasibility for implementation.

The second phase will involve an evaluation of the proposal merits by the staff of the Housing and Community Development Division, the Community Development Advisory Committee (CDAC), and the Committee on Homeless. During this phase, and at its discretion, City staff, with the participation of the advisory committees, may conduct interviews with qualifying applicants. During these applicant presentations, the staff and the advisory committees will further explore the technical aspects of the qualifying proposals with the applicant and provide the applicant the opportunity to clarify their proposal and advise the City of any additional factors, which may be relevant.

The City anticipates, but is not bound by, the following schedule for reviewing proposals and developing the One-Year Action Plan, which details how these federal funds will be used.

February 3, 2003	Request for Proposals (RFP) available.
February 4, 2003	Application Workshop 10:00 a.m. – First Floor Conference Room, City Hall, 1700 Convention Center Drive, Miami Beach, FL 33139
February 21, 2003	Deadline for Courtesy Proposals Review - 5:00 p.m.
March 3, 2003	Proposals due - 5:00 p.m. Deadline. LATE APPLICATIONS WILL NOT BE ACCEPTED.
March 18, 2003	Public Hearing for Pre Development of One-Year Action Plan - 6:00 p.m.
March - May 2003	City staff and the Community Development Advisory Committee review and evaluate proposals submitted. Funding recommendations are finalized.
June 1 - July 1, 2003	Thirty-day comment period for citizen review and comment of the proposed activities and funding, as included in the draft of the One-Year Action Plan.
June 10, 2003	Public Hearings on the Draft of the One-Year Action Plan and the Five-Year Consolidated Plan.
June 24, 2003	One-Year Action Plan and Five-Year Consolidated Plan contractual agreements submitted to the City Commission for approval.
July 2003	One-Year Action Plan and Five-Year Consolidated Plan submitted to HUD.
August 16, 2003	Fiscal Year 2003/2004 begins. Contract period is from October 1, 2003 to September 30, 2004.
October 1, 2003	

Ranking Criteria for Funding Proposals

Applications will be ranked competitively; a total of 200 points will be available, with the possibility of adding 25 bonus points. If an application scores less than 160 points (80%) it will not be considered for funding. The City staff and THE ADVISORY COMMITTEE members will utilize the following criteria, in addition to HUD eligibility requirements, in evaluating proposals.

I.	Impact on Continuum of Care Priority Needs	50 Points	25%
II.	Benefit to Homeless Persons	25 Points	12.5%
III.	Project Description	40 Points	20%
IV.	Budget	30 Points	15%
V.	Sponsor Capacity	35 Points	17.5%
VI.	Fundraising	<u>20 Points</u>	10%
		200 Points	100 %

I. Impact on Continuum of Care Priority Needs - 50 points

Applications must demonstrate the need for the proposed project by identifying how the project impacts on the Continuum of Care Needs of the City of Miami Beach. Greater consideration will be given to projects that can provide a clear description of the project with supporting data and methodology of how the project will meet the needs. Proposals will be evaluated on the number of persons to be served by the proposed facility/activity as compared to the number of persons in need of such service.

30 points	High Continuum of Care Priority
20 points	Medium Continuum of Care Priority
10 points	Low Continuum of Care Priority
20 points	Clear supporting data/methodology/number of people served compared to the number of persons in need of service.

II. Benefit to Homeless Persons - 25 Points

All projects will be required to benefit homeless persons and must not be designed to exclude participation by such persons. Consideration for scoring applications include: eligible activity selected; how homeless individuals will be able to access services; the absolute number of persons to be served; the percent of qualifying persons to be served; the ability for homeless individuals to participate in the organization's policymaking entity and/or provide work or services at the facilities; and how the homeless persons will benefit.

10 points	Physical location in Miami Beach with priority given to Miami Beach clients
5 points	Outreach plan to serve prospective Miami Beach clients
5 points	Homeless/formerly homeless individuals on staff and/or providing services
3 points	Homeless/formerly homeless individuals participating in policymaking entity
2 points	Clear supporting data/methodology used to determine benefit to homeless population and how analysis was derived.

III. Project Description - 40 Points

The content and soundness of all applicants' project design will be evaluated. This evaluation shall include a review of proposed project activities set forth in the narrative and the budget to support these activities.

- 10 points Ability to start project within first quarter of Fiscal Year 2003-2004.
- 5 points Ability to implement program. Overall soundness and content of project design in addressing all issues relevant to project implementation and management. For example, client safety, proximity to amenities, staff to client ratio, transportation, distance to services, and others.
- 5 points Proposed project meaningfully addresses Continuum of Care and has adequate/documented linkages to existing services
- 4 points Demonstrated ability to assist clients in securing and/or maintaining income
- 3 points Proposed administrative procedures and project related procedures are clear and reasonable, and staff is identified to carry out the same. Applicant has established procedures to ensure client confidentiality and a grievance process.
- 3 points Demonstrated ability to transition participants into permanent housing within 2 months.
- 2 points Proper zoning in place.
- 2 points Ability to serve individuals with multiple needs.
- 2 points Appropriate provisions for participant safety.
- 2 points Facilities and programs are accessible to persons with disabilities.
- 2 points Realistic and achievable performance measures.

IV. Budget - 30 Points

Applications will be evaluated on the basis of feasibility of project activities as compared to the proposed budget. Several factors will be considered when reviewing a project's budget. Considerations include methods used to derive cost estimates, completeness and date of cost estimates, the relationship between cost and the activities to be undertaken.

- 10 points Reasonable and realistic per diem cost (relative to other standard rates).
- 10 points Administrative (operational) expenses are less than 20% of amount requested, if applicable.
- 10 points Detailed justification and calculation of how unit cost was developed. Budget Summary Sheet and Budget Itemization Sheets are completed accurately and there is a direct correspondence between costs proposed and activities.

V. Sponsor Capacity - 35 Points

Project sponsors must demonstrate the ability to carry out the proposed activities. Sponsors will be evaluated on experience, administrative capacity, and professional training and financial management. Responses will be evaluated based on the following factors:

- 6 points Organization has experience in providing services to the homeless population.
- 5 points Organization has past experience with the ESG program.
- 5 points Organization has past experience in developing/operating housing with services similar to that being proposed.
- 5 points Organization has sufficient staff support. Staff qualifications and experience

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| | (with consideration given to organizations that employ LMI residents or homeless/formerly homeless individuals) are adequate for the program. |
| 4 points | Organization has past experience in achieving performance measures similar to those proposed. |
| 4 points | Demonstrated ability to meet demand and work plan. |
| 4 points | Demonstrated ability to comply with reporting and record-keeping requirements. |
| 2 points | Existing/proposed staff is adequate to carry out the project and has received professional training in an appropriate area. |

VI. Sustainability - 20 Points Maximum

Projects must demonstrate the capacity for becoming self-sustaining and independent of these public funds. Applications will be evaluated on the quality of their plan, based on the following:

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| 10 points | Funds have been secured before the start of the project. |
| 5 points | Fund raising activities are already under way. |
| 5 points | Clearly delineated and reasonable plan for continuation funding for the program. |

VII. Bonus Points - 25 points Maximum

Consideration will be given to the amount of non-public funds committed to the project. The greater the financial support or leveraging from local and other sources, the greater the potential impact that public funds will have on meeting local community needs. Therefore, bonus points will be awarded to projects, which provide documentation of a one-to-one, or greater, ratio of leverage/match. Documentation must be provided with the application to verify the availability of leverage/match resources. (See Application Submission Checklist.)

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| 25 points | Documentation to verify the availability of one-to-one ratio leverage/match resources. The evidence must state the dollar value and verify the availability of resources for the project. |
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APPLICATION CHECKLIST

Original application must include all the required documentation. Four *copies* must include all items *except* the required attachments. This checklist must be included with the original application. Check the following before submitting your application. Did you:

- " Submit one original hard copy with a signature in blue ink?
- " Submit an original and four copies of the completed application in one binder? Only the original should include support documents.
- " Verify that all material requested with the application was included?
- " If your organization is planning to request funding for more than one activity, did you submit a separate application for each activity?
- " If your organization is requesting funding for more than one program, did you submit separate proposals?
- " Make sure that activities proposed are eligible under the ESG regulations?
- " Demonstrate your administrative capacity and experience? Include job descriptions if appropriate.
- " Demonstrate your organization's ability to match the amount of grant funds requested on a dollar for dollar basis?
- " Outline your organization's plan for priority placement of Miami Beach's homeless population at your facility and detail resources available to transport homeless individuals to your facility for intake and placement?
- " Submit your application so it will be **received** at the Community Development Division office by 5:00 p.m. on the closing date, **Monday, March 3, 2003**?

LATE PROPOSALS WILL NOT BE ACCEPTED

APPLICATION FORMS

Please detach application forms for proposal submission. If additional forms are needed, the same may be duplicated. Refer to the Instructions for more details on how to fill out the application. Forms are available on diskette (MS Word), upon request. All forms may also be downloaded and printed from the City's Web site (www.miamibeachfl.gov). Questions concerning completion of applications will be answered by the Community Development Division staff at (305) 673-7260, or may be faxed to (305) 673-7772. Be as concise as possible when submitting information.

Submit the **original** application with the attachments listed below, in the following order:

1. Cover Page
2. Project Synopsis
3. Budget Summary Sheet
4. Budget Itemization Sheet
5. Project Description
6. Schedule of Work to be Implemented
7. Project Accomplishments
8. Bonus Points
9. Impact on Continuum of Care Priority Needs
10. Sponsor Capacity
11. Benefit to Homeless Persons
12. Project Eligibility
13. Acknowledgment Letter and Disclaimer
14. Attachments (Limit total attachments to six)
 - Attachment I, "Documentation of Continuum of Care Priority Need" (do not exceed one page)
 - Attachment II, "Current Operating Budget"
 - Attachment III, "Audit"
 - Attachment IV, "Documentation of 501(c)(3) status, if applicable"
 - Attachment V, "Bylaws" (include a copy of the organization's bylaws)
 - Attachment VI, "Governing Board" (include a list of your organization's current governing board)
 - Attachment VII, "Standard Operating Procedures/Policies and Procedures Manual"

Submit four **copies** of the application in the following order:

1. Cover Page
2. Project Synopsis
3. Budget Summary Sheet
4. Budget Itemization Sheet
5. Project Description
6. Schedule of Work to be Implemented
7. Project Accomplishments
8. Bonus Points
9. Impact on Continuum of Care Priority Needs
10. Sponsor Capacity
11. Benefit to Homeless Persons
12. Project Eligibility
13. Attachments
 - Attachment I, "Documentation of Consolidated Plan Need (do not exceed one page)"
 - Attachment II, "Current Operating Budget"

Include original with all six attachments in one binder with four copies enclosed and tabbed.

**EMERGENCY SHELTER GRANTS (ESG) PROGRAM
COVER PAGE**

APPLICATION INFORMATION

Name of Organization: _____

Project Name: _____

Project Address: _____

Mailing Address and Information:

Contact Name and Title: _____

Telephone #: _____ Fax #: _____

E-mail address: _____ Web-site: _____

Executive Director or Chief Administrative Officer:

Name and Title: _____

Address: _____

Telephone #: _____ Fax #: _____

E-mail address: _____ Web-site: _____

PROJECT FUNDING REQUEST

Total Funds Requested \$ _____

CERTIFICATION

To the best of my knowledge and belief, data in this proposal are true and correct and the governing body of the applicant has duly authorized the documents.

Authorized Signature: _____ Date: _____

Name: _____ Title: _____

(By signing above, the undersigned acknowledges that he/she has read and understands the Certifications attached hereto as Appendix 7 and, if awarded funds, the Applicant will be able to comply fully with the provisions of those Certifications and will be able to comply with all additional applicable federal, state and local requirements, including procurement and financial management. Applicant also acknowledges that if a funding recommendation is made for less than the full amount applied for, additional documentation including a revised budget, scope of work and proposed accomplishments may be requested prior to final funding determinations. The City of Miami Beach reserves the right to verify that the authorized signature above is authorized to bind the Applicant (on behalf of the organization), and may require the Applicant to submit documentation verifying such authority.)

PROJECT SYNOPSIS

Please limit the project synopsis to the space provided below.

Answer the following questions:

- A. What is the total amount requested? \$ _____
- B. Of the funding request, what is the total anticipated for operating costs: \$ _____
- C. What is the percent of operating costs for the program (divide B/A): _____
- D. Are there any fund raising activities planned for this project, or have any funds been received for the project? (If yes, please list below) ☐ Yes ☐ No

Activity/Event and Date	Amount

- A. WHAT IS THE **TOTAL** COST OF THE PROPOSED PROJECT?
(Include requested funding and funding from all other sources) \$ _____
- B. WHAT IS THE **TOTAL** FUNDING REQUEST? \$ _____
- C. WHAT IS THE TOTAL NUMBER OF BED/DAYS TO BE PROVIDED BY THE PROPOSED PROJECT? _____
- D. WHAT IS THE COST PER BED/DAY OR SERVICE UNIT OF THE PROPOSED PROJECT? (Divide B/C) \$ _____

BUDGET ITEMIZATION SHEET

Itemization of Category	Request	Other Funds	Total Funds
Total Amount	\$		\$

PROJECT DESCRIPTION

40 POINTS

Briefly describe the project (not the agency). Answer which agency will administer the project, what the actual project will accomplish (using performance benchmarks or measurable outcomes), how services are going to be provided, where the project is located and why; the location and the type of housing; how the applicant will provide transportation, meals, services, etc. Also, answer if services will be provided by the applicant or contracted through another organization. (One additional page may be added.)

Provide any information relevant to the administration and performance of the proposed program/activity. Include any recommended "best practices" your agency has found to be effective in providing service coordination.

City of Miami Beach
ESG Application
Fiscal Year 2003-2004

SCHEDULE OF WORK TO BE IMPLEMENTED FOR FISCAL YEAR 2003/2004

Action Step	Oct. 2003	Nov. 2003	Dec. 2003	Jan. 2004	Feb. 2004	Mar. 2004	Apr. 2004	May 2004	Jun. 2004	Jul. 2004	Aug. 2004	Sept. 2004

PROJECT ACCOMPLISHMENTS

Type of Accomplishments (select one)

☐ Elderly ☐ Elderly Households ☐ Households (General) ☐ Housing Units
☐ Large Households ☐ People (General) ☐ Public Facilities ☐ Small Households

Number of Units of Accomplishment (insert a quantifiable number)

BONUS POINTS

25 POINTS

LEVERAGE/MATCH

Describe the proposed activity or project's relation to other public and/or private projects, other funding sources, and include other fundraising or grantwriting efforts for the proposed project or activity. If additional funding other than this request is required, provide details on the amount, source and when those funds are expected to be obtained. Describe plans for providing source of non-public funds for subsequent years. What amount of match resources, from all sources, will be available for use along with public funds for your proposed project? Leverage/Match must match non-public funds obligated to project found in the budget forms. Maximum points will be awarded to projects with commitments that are confirmed in writing.

Line Item	CMB/ESG Funds	Non-CMB/ESG Funds	Total

To receive bonus points, a one-to-one dollar match must be documented for all non-public funds. The evidence **MUST** state the dollar value and verify the availability of match resources for this project (Board Resolution, In-Kind Agreements for Professional Services such as legal, accounting, engineering, management, planning, etc. to be provided for the project.) Volunteer hours, except for professional services, are not applicable.

IMPACT ON CONTINUUM OF CARE PRIORITY NEEDS

50 POINTS

Please describe how the proposed activities fall within the City of Miami Beach's Continuum of Care.

Please state/explain the identified need that your project will address and develop a Continuum of Care chart that reflects the needs identified by your organization. Use reliable sources of information like census data, neighborhood surveys, waiting lists, questionnaires, etc.

Continuum of Care Gaps Analysis (Individuals)	Estimated Needs	Current Inventory	Unmet Need/Gap
Emergency Shelter Beds/Units			
Transitional Housing Beds/Units			
Permanent Housing Beds/Units			
Supportive Services - Job Training			
Supportive Services - Case Management			
Supportive Services - Substance Abuse Treatment			
Supportive Services - Mental Health Care			
Supportive Services - Housing Placement			
Supportive Services - Life Skills Training			
Continuum of Care Gaps Analysis (Persons in Families With Children)	Estimated Needs	Current Inventory	Unmet Need/Gap
Emergency Shelter Beds/Units			
Transitional Housing Beds/Units			
Permanent Housing Beds/Units			
Supportive Services - Job Training			
Supportive Services - Case Management			
Supportive Services - Child Care			
Supportive Services - Substance Abuse Treatment			
Supportive Services - Mental Health Care			
Supportive Services - Housing Placement			
Supportive Services - Life Skills Training			

Methodology - Please provide an explanation of the analysis undertaken to derive this information in the space below. Source of supporting data and methodology used should be attached and identified as Attachment I, "Documentation of Continuum of Care Priority Need." (Do not exceed one page.)

Indicate the census tract (s) where the activity will occur or the census tract where the presumed beneficiaries reside.

SPONSOR CAPACITY (Limit additional pages to two.)

45 POINTS

Experience

Is your organization currently operating a program like your proposed project? ☐ Yes ☐ No
If yes, specify the name of the program(s), the length of time the program has been in operation, the target population, the types of work performed, the cost of the project, and how long the project took to complete.
(Attach additional sheet, if necessary)

If not, what similar programs has your organization implemented?

Professional Training

List the training programs that staff administering this program has attended. You may include the name of the training program, number of hours, location, number of continuing education hours earned, etc.

Type of Training	Location	Number of Hours/Units

Staffing

Describe specifically the job title/classification, qualifications and/or certifications, and hours per week of all staff within the organization that will be involved in the administration and implementation of the proposed project.

Title/Classification	Qualifications	Hours per Week

Facility, Equipment, Supplies:

In narrative format, please describe the facility location, equipment and supplies and other project details, so as to give a clear understanding of your organization's capacity to carry out the program. Indicate if your facilities and programs are accessible for people with disabilities. (Attach additional sheet, if necessary)

Financial Management:

Check the following accounting books used by your organization:

General Ledger	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cash Disbursement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cash Receipts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fixed Assets	<input type="checkbox"/> Yes	<input type="checkbox"/> No

List the title(s) of staff responsible for the following tasks:

Opens Mail	_____
Deposits Checks/Funds	_____
Reconciles Checkbook	_____
Posts Cash Receipts	_____
Approves Payments	_____

Do checks require two signatures? ☐ Yes ☐ No

List the name(s) and title(s) of persons whose signatures are required.

Attach a copy of the organization's current operating budget and identify as Attachment II, "Current Operating Budget". If you have a deficit, please explain how ESG funds will **not** be used to meet the deficit.

Does your organization have an audit completed by an independent accountant? ☐ Yes ☐ No

If yes, please provide a copy of the most recent audit and identify it as Attachment III, "Audit". If you answered No, please provide an explanation of the reason why not.

Did your last audit cite any finding(s) from previous audits? ☐ Yes ☐ No

Please list finding(s) and corrective action(s) taken.

Does your organization have an adopted "Procurement Procedure"? ☐ Yes ☐ No

If yes, attach a copy of the organization's Standard Operating Procedures (SOP) or Policies and Procedures manual and identify as Attachment VII, "Standard Operating Procedures/Policies and Procedures Manual". If no, please give an explanation as to why not.

BENEFIT TO HOMELESS PERSONS

25 POINTS

Does the agency that is providing services to the homeless have a physical location on Miami Beach from which to serve Miami Beach residents? (Post Office boxes are not considered to be physical locations from which to provide services.)

✓ Yes ✓ No (If No, please describe below your outreach plans to serve prospective Miami Beach clients.)

Answer the following questions with regard to the project's benefit to homeless persons:

- A. What is the total number of persons needing service?
- B. What is the total number of persons to be served by the project?
- C. What is the number of homeless persons to be served by the project?
- D. What is the percentage of homeless persons to be served by the project (divide C/B)?

Describe your organization's opportunities for homeless individuals to participate in:

A. Your organization's policymaking entity:

B. Providing work or services at your facilities:

Is any displacement either temporary or permanent projected?
(If yes, attach a separate page with a detailed explanation.)

✓ Yes ✓ No

SUBMISSION INSTRUCTIONS

The following instructions detail the information required from all applicants who submit an application for funding. Please submit all applicable information on the forms provided. Failure to do so may jeopardize your chances for funding. Electronic applications on diskette will not be accepted. Please complete a separate application for each project you are proposing. All questions or blank spaces in the application must be answered or completed. If a question is not applicable to your project, mark it as not applicable (N/A).

- Applications must be typed.
- The application forms are available on 3-1/2" diskette (MS Word).
- One original hard copy and four photocopies must be submitted before 5:00 p.m. of the deadline.
- At least one "original" shall have signatures in blue ink.
- All original documents shall not exceed 8 1/2" x 11" paper size. Do not staple or spiral bind original or photocopies. All copies shall be on three-hole punched paper. Use one three-ring binder for the original and all four copies.
- If your organization is planning to request funding for more than one eligible activity, each activity must be submitted as a separate application with a separate budget for review.
- The staff of the Housing and Community Development Division may answer questions concerning completion of an application. Call (305) 673-7260 between the hours of 9:00 a.m. and 5:00 p.m.
- Submission deadline is **Monday, March 3, 2003, 5:00 p.m.** No applications will be accepted after this date and time.
- The original and four copies (5 total) of the completed application should be hand-delivered to:

City of Miami Beach
Housing and Community Development Division
1700 Convention Center Drive, Third Floor
Miami Beach, FL 33139

PROJECT SYNOPSIS

Provide a short description of the project, its intended impact, and the allocation of funds requested, specifically, the percentage of funds to be used for administrative (operating) expenditures. Include also fund raising activities planned, and funds already secured for the project.

INSTRUCTIONS FOR BUDGET

The budget part of the application contains two components: the Budget Summary Sheet and the Budget Itemization Sheet. Each proposed activity must have one Budget Summary Sheet and Budget Itemization Sheets completed in their entirety on the enclosed forms. If ESG funds are being requested as a local match, please show: the breakdown of the other funding sources, which activities the other funding sources will fund, and when the other funding sources will be used. Costs may only be budgeted if they are allowable and necessary to carry out the expressed and approved activity. All costs must be reasonable in nature and amount, and cannot exceed that which would be incurred by a fiscally prudent person. Attach a complete organizational budget as Attachment I, "Current Operating Budget".

BUDGET SUMMARY SHEET

Use this sheet to present a summary of all grant expenditures for activities.

Category Breakdown	This column contains blank spaces for different budget categories, which may be used when completing the Budget Itemization Sheet(s).
Request	List the total dollar amount of ESG funds requested for each category. This amount can be obtained from the Budget Itemization Sheet(s).
Other Funds	The dollar amount received from other funding sources. This amount can be found on the Budget Itemization Sheet. If the activity will generate Program Income, you must complete and submit the "Estimated Program Income Sheet".
Other Funding Sources	Identify the organization(s) or source of the funding amount listed.
Total Funds	To obtain this amount, add ESG Funds to Other Funds and place that sum in the appropriate box.

BUDGET ITEMIZATION SHEET

Use a separate Budget Itemization Sheet for each category listed in the Budget Summary. (You may make additional copies of the blank sheet provided.)

Itemization of Category	Provide a brief description of each expenditure identified for a category. Use additional sheets if necessary. The basic format for completing this column is as follows: Item - Number of Item(s) - Description of Item - Cost/Item (For example: Child Care Vouchers - 25 vouchers at \$100 per voucher = \$2,500)
Total Funds	The total cost for each item in the Category Breakdown column. Enter the category amount under column 2 (Request) or Column 3 (Other Funds). If any item or service is being donated, enter the estimated cost under the Other Funds column and indicate accordingly by writing IN-KIND next to the amount. If Program Income is to be generated by the activity, you must complete and submit the "Estimated Program Income Sheet". If program income is generated by the activity, enter the amount in the other funds column and indicate the amount accordingly by writing Program Income next to the Item Description.

PROJECT DESCRIPTION

Provide a brief summary of the proposed program. In it, describe the project that your organization will undertake to address the national objective selected. The narrative must include the following:

Project Description - Briefly describe the project. Answer who will administer the project, what the project will accomplish, where the project is located and why its geographic location affects/impacts the delivery of services.

Relation to Other Public or Private Projects - Describe how your project will relate to other publicly or privately funded projects underway, or proposed, for the project area. Provide detailed information on additional funding needed to complete the proposed activity and whether such funding has been obtained or is pending, as well as the source and amount. Provide documentation of funding already received for Fiscal Year 2003/2004. Describe the organization's plans for providing non-public funds for subsequent years. If the cost of implementing and operating your proposal will be shared by other funding sources, you must provide a cost allocation plan and a cost-sharing budget that discusses all sources of funds. A cost allocation plan is a document identifying and justifying the procedure for accumulating and distributing the percentage share of allowable costs between each funding source and details the method of allocation used.

SCHEDULE FOR IMPLEMENTATION

List the goals you anticipate achieving and quantify them on a monthly and annual basis. Include a potential time frame for completion of each goal. Ensure that each unit of service and/or each individual activity has established benchmarks. Include information such as: hiring staff; surveying the project area; preparing designs, specifications, and bid documents; awarding the contract and construction activity, etc. Designate start and end dates for each phase. If your project primarily provides a service, explain how you plan to implement that service and the number of clients expected to be served each month. Include the anticipated beginning and ending of each step in the process, and specify the actual units of service per month. In either case, there must be a quantifiable measure of service per month, with a total annual projection. Provide individual action steps necessary to undertake and complete the proposed activity. Indicate the months in which the steps are expected to occur, with any pre-requisites listed first.

PROJECT ACCOMPLISHMENTS

List the goals you anticipate achieving and quantify these goals on an annual basis. Use quantifiable units that can be measured on a monthly basis. Limit to space provided.

BONUS POINTS

Applicants or organizations will receive 25 bonus points if they can demonstrate a one-to-one dollar ratio of leverage match.

CONTINUUM OF CARE PRIORITY NEEDS

Please complete the Continuum of Care chart. Use supporting data and detail sources in Attachment I, "Documentation of Continuum of Care Priority Needs."

Location - Indicate the census tract(s) in which the activity will occur and/or the census tract in which the intended beneficiaries reside.

SPONSOR CAPACITY

Project Management and Staffing - Before answering this section, identify all the job classifications in your organization. Then, provide information concerning those classifications that will be involved with the proposed project. This information should include; the specific person(s) responsible for managing the project and all in-house staff involved (estimate the staff hours, by job classification that will be devoted to this project). If staff services are to be contracted out, describe the contractor selection process and whether the contract will be on a "flat fee" or "hourly" basis.

Professional Training - In this section, list the training programs that the project staff has attended. Provide the name of the training program, its location, number of hours, and the number of continuing education hours earned.

Facility, Equipment, Supplies - In this section, include information regarding the facility that will be specifically devoted to this project, the equipment that will be needed to implement this project and why, and the unique supplies that will be needed for the project and why.

Additional Information - Provide anecdotal information describing issues with which the organization was involved. Provide any information relevant to the administration and performance of the program. Provide any recommended "best practices" you have found to be effective.

BENEFIT TO HOMELESS PERSONS

The term "homeless" or "homeless individual or homeless person" includes -- (1) an individual who lacks a fixed, regular, and adequate nighttime residence; and (2) an individual who has a primary nighttime residence that is --(A) a supervised publicly or privately operated shelter designated to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (B) an institution that provides a temporary residence for individuals intended to be institutionalized; or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. The term "homeless" or "homeless individual" does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law.

The term "emergency shelter" means any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless.

EMERGENCY SHELTER GRANTS ELIGIBLE ACTIVITIES

According to federal regulations at 24 CFR 576.21, eligible activities may include Payment for shelter, maintenance, operation, rent, repairs, security, fuel, equipment), insurance, utilities, food and furnishings. Not more than 10 percent of the grant amount may be used for costs of staff. (576.21(a)(3)). Eligible activities may also include renovation, major rehabilitation, or conversion of buildings for use as emergency shelters for the homeless. (576.21 (a)(1)).

ACKNOWLEDGMENT LETTER

Instructions: Applicants shall incorporate in their proposal the following letter on their firm or organization's letterhead stationery and submit it with the Disclosure, Disclaimer and Certification attachment. This form must be executed by both the Chief Administrative Officer or Chief Executive Officer of the Organization and by the Chair or President of the Organization's Governing Board and attested to by the Organization's Secretary.

March 3, 2003

Ms. Joanna Revelo
Housing and Community Development Director
City of Miami Beach
Neighborhood Services Department
1700 Convention Center Drive
Miami Beach, FL 33139

RE: Request for Proposals for Emergency Shelter Grants (ESG) Program Fiscal Year 2003/2004

Dear Ms. Revelo:

We have read the City of Miami Beach Request for Proposals for Fiscal Year 2003/2004 funding for the Emergency Shelter Grants (ESG) Program. On behalf of **[Organization Name]**, as the duly authorized signatories for **[Organization Name]**, we agree to and accept the terms, specific limitations, and conditions expressed therein. In addition, we have read, rely upon, acknowledge, and accept the City's Disclosure and Disclaimer, which is attached hereto and is fully incorporated into this letter.

The Board of Directors of **[Organization Name]** certifies that the information contained in this application is true and correct; has the approval and support of the Board of Directors of said organization; that **[Organization Name]** is not in default under any contractual agreements it may now have, or has had with the City of Miami Beach, as applicable; and that all claims made in the Application are supported by documents retained by the organization and will be kept in such a manner that they may be reviewed by the City's Neighborhood Services Department upon request.

Further, if our proposed project activities include the rehabilitation or construction of a commercial or residential building that is currently occupied, we hereby authorize the City's Neighborhood Services Department and/or the United States Department Housing and Urban Development (HUD), or its representatives, to enter the premises and interview any residents. We realize that the purpose of the interviews is to determine the estimated amount of relocation assistance that may be needed.

Sincerely,

(Chair or President)

(Date)

(Chief Administrative Officer or Chief Executive Officer)

(Date)

ATTEST: _____
(Secretary)

DISCLOSURE, DISCLAIMER AND CERTIFICATION

(A signed copy of this document is to be included with each application)

The City of Miami Beach (City) is furnishing this Request for Proposals (RFP) to the applicant for the applicant's information and convenience. Any action taken by the City in response to applications made pursuant to this RFP or in making any award or in failing or refusing to make any award pursuant to such applications, or in canceling awards, or in withdrawing or canceling this RFP, either before or after issuance of an award, shall be without any liability on the part of the City. The contents of this RFP are neither warranted nor guaranteed by the City of Miami Beach. Applicants interested in pursuing this opportunity are urged to make such evaluations as they deem advisable and to reach independent conclusions concerning statements made in this RFP and any supplements thereto.

The City reserves the right to reject any and all proposals for any reason, or for no reason, without any resultant liability to the City. In its sole discretion, the City may withdraw the RFP either before or after receiving applications, may accept or reject applications, and may accept applications which deviate from the RFP as it deems appropriate and in its best interest. In its sole discretion, the City may determine the qualifications and acceptability of any party or parties submitting applications in response to this RFP.

Following submission of an application, the applicant agrees to deliver such further details, information and assurances, including financial and disclosure data, relating to the application and the applicant including the applicant's affiliates, officers, directors, shareholders, partners and employees as requested by the City in its discretion. Applicants are expected to make all disclosures and declarations as requested in this RFP. By submission of an application, the applicant acknowledges and agrees that the City has the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information contained in the application, and authorizes the release to the City of any and all information sought in such inquiry or investigation. Each applicant certifies that the information contained in the application is true, accurate and complete to the best of its knowledge and belief. The City is governed by the Government-in-the-Sunshine Law, and all applications and supporting documents shall be subject to disclosure as required by such law. All documents received by the City shall become public records.

The information contained in the RFP is provided solely for the convenience of the applicant. It is the sole responsibility of the applicant to assure itself that information contained therein is accurate and complete. The City does not provide any assurances as to the accuracy of any information in this RFP. Any reliance on these contents, or on any communications with City officials, shall be at the applicant's own risk. Prospective applicants should rely exclusively on their own investigations, interpretations and analyses. The RFP is being provided by the City without any warranty or representation, express or implied, as to its content, its accuracy, or its completeness. No warranty or representation is made by the City or its agents that any application conforming with these requirements will be selected for consideration, negotiation, or approval.

The City shall have no obligation or liability with respect to this RFP, the selection and the award process or whether any award will be made. Any applicant to this RFP who responds hereto fully acknowledges all the provisions of this disclosure and disclaimer, is totally relying on this disclosure and disclaimer, and agrees to be bound by the terms hereof. Any applications submitted to the City or its advisors pursuant to this RFP are submitted at the sole risk and responsibility of the party submitting such application.

This RFP is made subject to correction of errors, omissions, or withdrawal without notice. Information is for guidance only and does not constitute all or any part of an agreement. The City and all applicants will be bound only as, if and when an application, as same may be modified, and the applicable definitive

agreements pertaining thereto, are approved and executed by the parties, and then only pursuant to the terms of the definitive agreements executed among the parties. Any response to this RFP may be accepted or rejected by the City for any reason, or for no reason, without any resultant liability to the City.

Notwithstanding the foregoing or anything contained in the RFP, all applicants agree that in the event of a final unappealable judgement by a court of competent jurisdiction which imposes on the City any liability arising out of this RFP or any response thereto or any action or inaction by the City with respect thereto, such liability shall be limited to \$10,000.00 as agreed-upon and liquidated damages. The previous sentence, however, shall not be construed to circumvent any of the other provisions of this disclosure and disclaimer, which imposes no liability on the City.

In the event of any differences in language between this disclosure and disclaimer and the balance of the RFP, it is understood that the provisions of this disclosure and disclaimer shall always govern. The RFP and any disputes arising from the RFP shall be governed by and construed in accordance with the laws of the State of Florida.

The undersigned applicant certifies that the information in this application is true and correct. The applicant further certifies that they are aware that if the City of Miami Beach finds that the applicant has engaged in fraudulent actions or intentionally misrepresented facts on this application, this application will be rejected and the applicant may be unable to participate in any program for two (2) complete fiscal/calendar years.

The applicant understands that, upon award of funds, and in the event that the contract with the applicant is terminated by the City for cause, the applicant will be required to either allow participants to complete the program, or to find a suitable alternative program to which those participants enrolled at such time may be admitted to.

The applicant understands and agrees to abide by the provisions of the applicable federal, state and local regulations and laws. If applying for Community Development Block Grant (CDBG) funds, the applicant has read, understands and agrees to comply with the provisions of 24 CFR Part 570, and all federal regulations issued thereto by the U.S. Department of Housing and Urban Development. If applying for Emergency Shelter Grants (ESG) funds, the applicant has read, understands and agrees to comply with the provisions of 24 CFR Part 576, and all federal regulations issued thereto by the U.S. Department of Housing and Urban Development.

Applicant Name

Signature of Witness

Authorized Signatory

Name (typed or printed)

Name and Title (typed or printed)

Signature of Witness

Date

Name (typed or printed)